

Date: June 15, 2011

CRITERIA FOR PRIOR AUTHORIZATION

Rilonacept (Arcalyst®)

PROVIDER GROUP: Pharmacy
Professional

MANUAL GUIDELINES: The following drug(s) requires prior authorization:
Rilonacept (Arcalyst)

CRITERIA for rilonacept: (must meet all of the following)

- Patient must have a diagnosis of Cryopyrin-Associated Periodic Syndromes (CAPS) including:
 - Familial Cold Auto-inflammatory Syndrome (FCAS)
 - or
 - Muckle-Wells Syndrome (MWS)
- Patient must be 12 years of age or older.
- Patient should have a negative tuberculosis screen.
- Patient must not be taking another IL-1 blocking agent.
- Patient must not be taking a Tumor Necrosis Factor (TNF) Inhibitor.

Prior authorization may be approved for up to 1 (one) year.